



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Fallaux et al.

Serial No.: 09/356,575

Filed: July 19, 1999

For: PACKAGING SYSTEMS FOR
HUMAN RECOMBINANT
ADENOVIRUS TO BE USED IN GENE
THERAPY

Examiner: M. Wilson

Group Art Unit: 1633

Batch No.: W17

Attorney Docket No.: 3935US

CERTIFICATE OF MAILING

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3-2-2001
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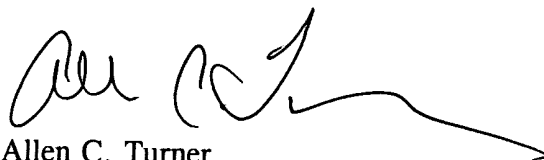
Commissioner for Patents
Attn: Official Draftsperson
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Sir:

Enclosed for filing are (20) sheets with 21 total FIGs. of formal drawings which are being submitted within the time period set by the allowance notice.

Submitted simultaneously with this transmittal is Form PTOL-85B with issue fee.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Allen C. Turner', with a long horizontal flourish extending to the right.

Allen C. Turner
Attorney for Applicants
Registration No. 33,041
TRASK BRITT
P. O. Box 2550
Salt Lake City, UT 84110

Date: March 2, 2001

Enclosed: 20 sheets of formal drawings

ACT/le

N:\2578\3935\DRWG.TRN 03/02/01

PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to:

Box ISSUE FEE
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Lynette Eliason

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March 2, 2001

(Date)

ALLEN C TURNER
TRASK BRITT & ROSSA
P O BOX 2550
SALT LAKE CITY UT 84110

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APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/356,575	07/19/99	005	WILSON, M	1633 12/11/00
First Named Applicant FALLAUX, 35 USC 154(b) term ext. = 0 Days.				

TITLE OF INVENTION: PACKAGING SYSTEMS FOR HUMAN RECOMBINANT ADENOVIRUS TO BE USED IN GENE THERAPY

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 3935US	435-455.000	W17	UTILITY	YES	\$620.00	03/12/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: **INTROGENE B.V.**

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Leiden, The Netherlands

Please check the appropriate assignee category indicated below (will not be printed on the patent)

- ☐ individual ☐ corporation or other private group entity ☐ government

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Allen C. Turner, Reg. No. 33,040 Date 3/2/01

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